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AN ANALYSIS OF FIVE THOUSAND CASES OF SKIN DISEASE,

WITH REMARKS UPON SOME OF THE PRINCIPAL GROUPS AND CASES.

BY JAMES C. WHITE, M. D.,

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FIRST PAPER.

THESE cases are taken from the records of the out-patient department for skin diseases of the Massachusetts General Hospital, and they include, in consecutive order, all the cases which have been treated there during the past six years. The value of such analyses, incomplete as they necessarily are in many respects, is still great, as they yield valuable information concerning the ætiological relations of many cutaneous diseases, and furnish the data for comparing the prevalence of these affections in various countries. The publication of similar reports, even when consisting of mere lists, in the principal cities of the Old World and our own by competent dermatologists, has established the fact of remarkable variation in the occurrence of certain affections, for which as yet no satisfactory explanation has been discovered. Other cutaneous diseases seem to be under the action of a law which works alike among all classes and nations; while on the other hand local influences of climate and customs are found to be productive of distinct types of affections of the skin. These questions of geographical and race influence should form one of the most important subjects of discussion at the dermatological section of the coming centennial international medical congress at Philadelphia.

The establishment of special departments for skin diseases in connection with the dispensaries of the large hospitals of our great cities during the past few years has made the collection of such data possible, but has done very little besides this for the advance of the study of dermatology. We still lack the opportunities of hospital accommodation for this class of patients, which is so essential for the complete study and treatment of these affections. The dermatologist in charge sees, and can show for a moment to the student, great numbers of cases, it may be, in a year, but the faculty of a snap diagnosis thus taught and ac-

quired is but a small part of the subject. A knowledge of the natural progress of disease and of the modifications affected in it by treatment can be acquired only by daily observation of individual cases under the complete control of the teacher. This is the knowledge which makes the understanding and successful treatment of skin diseases possible, and it can be acquired only by the establishment of wards for their exclusive care. Without them the dermatologist of America is deprived of advantages for self-improvement and instructing which his foreign brethren have long been provided with; our students must seek abroad the means of perfecting themselves which are denied them at home; and the pitiable subjects of these distressing affections must suffer from such unequal distribution of hospital charity.

The class of cases presenting themselves for treatment at the skin department of the Massachusetts General Hospital, represented below, is different in some respects from that found in some other dispensaries, as it is drawn from a wider district, patients coming to it from a large portion of New England. The relative preponderance of foreigners over natives is thereby considerably reduced, and the proportion of serious over trivial affections correspondingly increased, as the number of the latter seeking relief from a distance is naturally small. The nature of the cases, however, is as diverse as is usually presented in such lists, representing, as they do, such various relations of life; for it is by no means the poor alone who avail themselves of the gratuitous advice of the department. Most notable differences, however, will be discovered in the character of the diseases by comparing the list below with those drawn from the private case-book of the dermatologist; the extremes being, on the one hand, the representatives of poverty and filth, on the other of luxury and the refinement of bodily care. But no one without the experience derived from the study of both classes can form an intelligent opinion of the nature of the cutaneous diseases of any community.

There is a most necessary preliminary question to be settled in the preparation of an analysis of this sort, that, namely, of nomenclature and classification. Such a necessity is the great misfortune of dermatology, for until it has a fixed language of terms which can be universally understood and used, there can be no greater chance of establishing it upon a stable and working basis than there was of erecting the structure of Babel. Nearly every dermatologist feels at liberty to invent new and change old names, and some are not satisfied long even with those of their own creation. Titles to be understood, should be written not only with the author's initial after them, as those in zoölogy and botany, but with the date of issue as well. A large part of a lecture to students on any of the common affections of the skin must be wasted in attempting to explain and reconcile such differences of nomenclature as occur even in their common text-books on the subject. It is hard to say whose is

the whole fault of such confusion; it certainly is not inherent in dermatology itself. One reason for it, no doubt, is the constant attempt of individual authors to correct it by substituting a system of their own invention as a panacea. Such efforts are worse than useless, for they only add a new element of discord for future elimination. There is but one way, as it seems to me, out of the maze; that is, the establishment of an international committee on the subject, to be appointed by a congress of dermatologists from all parts of Europe and America, who by mutual concessions shall agree upon a system of nomenclature and classification, which shall be adopted and left inviolate by individual writers, and altered only at future sessions of the congress, to which all proposed changes and additions shall be referred. Such a plan should not be impracticable, at least so far as concerns nomenclature, and in view of the universal dissatisfaction with the present state of affairs, would, I believe, be eagerly entertained. This question, too, certainly should receive the earnest consideration of the committee having in charge the organization of the section of dermatology of the centennial congress.

In want of such a key at present, however, what plan shall be followed in the registration of the cases to be published below, that the names employed may convey to readers everywhere the exact nature of the cases? Evidently one which is already clearly understood and most widely distributed. In selecting, therefore, as best adapted for such purpose, the system of Professor Hebra, I shall succeed in informing every dermatologist who may chance to see them of the character of the affections contained in the following lists, even if I do not wholly agree with that distinguished teacher as to the proper position and name of some of them. Such exceptions will, however, be more appropriately considered in subsequent papers upon some of the principal groups and remarkable cases tabulated below. It will be understood, therefore, that the diseases arranged alphabetically, for convenience' sake, in Table I. are mainly those described by Hebra under the titles there used; and that in Table II. they are grouped in accordance with his system of classification.

That the sum of these diseases therein enumerated will be found somewhat larger than the number of patients given, is explained by the fact that some of them were affected by two or more of the diseases at one time.

The sex and nationality of the patients were as follows: Men, 1414; women, 1678; children under fourteen years, 1908; of native stock, 1885; of foreign stock, 3115.

TABLE I. — DISEASES ARRANGED ALPHABETICALLY.

Abscess	6	Melasma	1
Acne	348	Milium	3
Alopecia	13	Molluscum contagiosum	9
Alopecia areata	17	Molluscum fibrosum	2
Ambustio	7	Morbilli	1
Bromidrosis	1	Musquito poisoning	53
Chloasma	16	Nails, disease of	5
Comedo	3	Nævus vascularis	18
Condyloma	2	Pemphigus	15
Cornu cutaneum	1	Pernio	7
Dermatitis	34	Phtheiriasis capitis	216
Ecthyma	55	Phtheiriasis corporis	48
Eczema	2242	Phtheiriasis pubis	7
Elephantiasis Arabum	5	Pruritus	50
Epithelioma	25	Psoriasis	152
Erysipelas	52	Purpura	19
Erythema exudativum multiforme	73	Rhus poisoning	20
Erythema nodosum	8	Scabies	139
Folliculitis (heat)	12	Scarlatina	1
Furunculosis	65	Scleroderma	4
Herpes	28	Scrofuloderma	27
Herpes zoster	73	Sebaceous cyst	2
Hirsuties	1	Seborrhœa	55
Hyperæsthesia	2	Syphiloderma	327
Hyperidrosis	5	Tinea favosa	17
Hypertrophied scars	3	Tinea tonsurans	180
Ichthyosis	5	Tinea versicolor	81
Impetigo	19	Tyloma	2
Keloid	11	Ulcer	309
Lentigo	1	Urticaria	132
Leprosy	1	Varicella	22
Leucoderma	1	Varix	2
Lupus	11	Verruca	14
Lupus erythematosus	6	Xeroderma	13
Maculæ atrophicæ	1	Xanthoma	2
		Imperfect diagnosis	108

TABLE II. — DISEASES ARRANGED UNDER HEBRA'S CLASSES.

Class I. Hyperæmiæ.

Class II. Anæmiæ.

Class III. Disorders of the glands, 91.

Sebaceous Glands: Seborrhœa, 55; xeroderma, 13; molluscum contagiosum, 9; milium, 3; comedo, 3; sebaceous cyst, 2.

Sweat Glands: Hyperidrosis, 5; bromidrosis, 1.

Class IV. Exudative diseases, 3561.

Varicella, 22; measles, 1; scarlatina, 1; erythema exudativum multiforme, 73; erythema nodosum, 8; urticaria, 132; dermatitis calorica, 26; dermatitis traumatica, 2; dermatitis venenata, 73; dermatitis erythematosa, 86; dermatitis phlegmonosa, 71; herpes, 101; pemphigus, 15; psoriasis, 152; eczema, 2242; scabies 139; acne, 348; impetigo, 19; ecthyma, 55.

Class V. Hæmorrhages, 19.

Purpura, 19.

Class VI. Hypertrophies, 40.

Pigment: Lentigo, 1; chloasma, 16; melasma, 1.

Keratoses: Tyloma, 2; ichthyosis, 5; verruca, 14; cornu, 1; condyloma, 2; hirsuties, 1; scleroderma, 4; elephantiasis Arabum, 5.

Class VII. Atrophies, 37.

Leucoderma, 1; maculæ atrophicæ, 1; alopecia, 30; atrophy of nails, 5.

Class VIII. Benign new growths, 38.

Keloid, 11; hypertrophied scars, 3; molluscum fibrosum, 2; xanthoma, 2; nævus vascularis, 18; varix, 2.

Class IX. Malignant new growths, 70.

Lupus erythematosus, 6; lupus vulgaris, 11; scrofuloderma, 27; leprosy, 1; epithelioma, 25.

Class X. Ulcerations, 309.

Ulcers (non-syphilitic), 309.

Class XI. Neuroses, 52.

Pruritus, 50; hyperæsthesia, 2.

Class XII. Parasitic, 549.

Vegetable: Tinea tonsurans, 180; tinea versicolor, 81; tinea favosa 17.

Animal: Phtheiriasis capitis, 216; phtheiriasis corporis, 48; phtheiriasis pubis, 7.

Cutaneous syphilides. Acquired, 264; congenital, 63.

Uncertain diagnosis, 108.

RAPID DILATATION OF THE FEMALE URETHRA.

BY GEORGE JEWETT, M. D., OF FITCHBURG, MASS.

THE art of exploring the female bladder, for the removal of foreign bodies as well as for therapeutical purposes, has received a great impetus through the valuable clinical lectures of Professor Simon, of Heidelberg, published in the *New York Medical Journal* for October, 1875. The following is the report of a case recently under my care, illustrating the safety of rapid dilatation of the female urethra. The patient was a well-grown girl of fifteen, who stated that she had introduced the handle of a crochet-needle through the urethra into the bladder some four days before I saw her. She further remarked that repeated and prolonged but unsuccessful efforts had been made by two different physicians for its removal. The subjective symptoms were those of stone in the bladder, namely, violent bearing-down pains (simulating labor pains) and incontinence of urine.

A digital examination per vaginam verified her statement. Placing my hand upon the supra-pubic region, I clearly detected through the abdominal wall the fundus of the bladder most prominent at a point two inches to the left of the median line, and about two inches from the pubes. There was a good deal of tenderness of the vesical peritoneum and left iliac region, and a continued desire for micturition. I at once explored the bladder with a sound, and readily detected the foreign body, but found it firmly fixed at both extremities, and any effort to move it caused great pain.

I determined, without further delay, to make a digital exploration of the bladder. That my purpose might not be interfered with, I administered ether to insensibility. I introduced a No. 16 male sound, which was just the size of the tip of my finger, and followed its introduction by the index finger, previously well lubricated. A rotary motion with moderate force brought the finger to the base of the second phalanx, when further dilatation without danger of rupture seemed impossible. The bladder was entirely free from urine, and I could easily reach the foreign body, but found both extremities firmly imbedded in the vesical walls. The lower extremity was two inches to the right of the meatus, and while endeavoring to lift it out of the base of the bladder, I noticed a sudden rupture of the meatus, which had previously girded the finger so tightly as to forbid much motion, and at once the finger was at perfect ease. After some difficulty I succeeded in introducing the finger-nail under the point of the needle-handle, and the finger being gently withdrawn the vesical contraction forced the intruding body far out of the meatus. There was moderate hæmorrhage, which ceased spontaneously in a few minutes. The rupture was obliquely downward to the left, from

the floor of the urethra, and externally about four lines in depth. After the patient had recovered from anæsthesia she was removed a mile away to a friend's house. During the first half-day micturition was as frequent as every hour, and during the following night about once in two hours, and without much pain. Incontinence ceased immediately after the operation. The patient was put in bed; opiates were given, and fomentations ordered to the pubic region. In a week the patient went to her home in the country, feeling quite well.

In two weeks from the time of the operation the mother called to say that her daughter had fully recovered, and that she was not suffering in any respect from her foolish act.

Two questions naturally present themselves in connection with this case: first: What is the extreme bloodless dilatability of the female urethra? and, second, To what extent can rupture be carried without danger in its sequences? Authorities differ widely as to the bloodless dilatability of the female urethra. Dr. Poland, in Guy's Hospital Reports, cites the case of a girl of eighteen, whose urethra dilated spontaneously so as to allow of the passage of a calculus which weighed 8.8 drachms, and which required a circumferential dilatation of 9.8 centimetres; the dilatation was followed by no bad consequences. Dr. Poland relates a case in his own practice in which he removed a calculus measuring in its least circumference 11.8 centimetres, and weighing 651 grains; there was no incontinence or other ill effect. Sir Astley Cooper says that bloodless dilatation of the female urethra is harmless, and then, in apparent contradiction, cites cases which were followed by permanent incontinence. Among the French, Hybord states that dilatation must not be carried beyond four centimetres in circumference. Professor Simon, in summing up his observations, remarks that dilating plugs may be used in the adult female urethra, not exceeding 6.3 centimetres in circumference. In order to avoid the dangers of rupture, Professor Simon advises two incisions in the meatus: one superiorly, of one fourth a centimetre, the other inferiorly, of one half a centimetre. As the point of greatest obstruction is directly at the meatus, which is covered by the mucous membrane of the vagina and vestibule, slits in the manner described allow the finger to extend much farther into the bladder than would otherwise be possible. Liston advises four incisions. Chelius cut downward alone, with good results.

In the present instance the index finger passed to the base of the second phalanx, at which point it measured 5.7 centimetres in circumference; but when the finger attained the circumference of 6.3 centimetres, rupture occurred. As to the extent to which rupture can be carried without permanent injury, I find almost no results recorded. A very few cases are reported in which more or less extensive lacerations resulted from the extraction of large calculi, followed by permanent in-

continence, but many more are reported of bloodless dilatation which were followed by this dreaded result.

Professor Simon's view that a tolerably free enlargement of the meatus with the knife is a positive safeguard against incontinence suggested to my mind that a like operation might possibly prove a cure for that malady.

RECENT PROGRESS IN PHYSIOLOGY.[1]

BY H. P. BOWDITCH, M. D.

TRANSFUSION (continued).

THE above-mentioned observations of Landois[2] explain the occurrence of death as observed by Naunyn[3] in the case of rabbits into whose veins "lake-colored" or "laky"[4] blood had been injected. Thrombosis of the right heart and of the pulmonary artery was found to be the cause of death in most of these cases.

These observations have been confirmed by Plósz and Györgyai,[5] who also noticed that the coagulation of blood withdrawn from the body may be greatly hastened by the addition of laky blood.

Similar results were obtained by Jakowicki,[6] who found that in whatever way blood was rendered laky (whether by repeated freezing or by addition of ether or by shaking up with water), its transfusion into animals of the same species as that from which the blood was taken produced death, from the formation of coagula in the vessels and particularly hæmorrhagic infarction of the lungs. In dogs, hæmaturia was a constant and convulsions an occasional symptom. It will be seen that these symptoms and post-mortem appearances are similar to those above described as observed after the transfusion of foreign blood, and there can be no reasonable doubt that the pathology is the same in both cases. It is interesting, however, to notice that Fiedler and Birch-Hirschfeld[7] were unable to discover any solvent action of human serum on lamb's-blood globules or of lamb serum on human globules. As the same observers noticed hæmaturia as the result of lamb's-blood transfusion into their phthisical patients, it is probable that their failure to observe a solvent action in the mixed bloods depended upon their not having reproduced outside the body the conditions prevailing within the body which were necessary for the development of this action.

[1] Concluded from page 72.

[2] Boston Medical and Surgical Journal, January 20, 1876, page 70.

[3] Archiv für experimentelle Pathologie, i. 1.

[4] That is, blood in which the coloring matter is not contained in the globules but diffu through the plasma.

[5] Archiv für experimentelle Pathologie, ii. 4.

[6] Reported in Centralblatt für die medicinischen Wissenschaften, 1875, page 376.

[7] Deutsches Archiv fur klinische Medicin, 1874.

Another symptom mentioned by several observers as caused by transfusion of foreign blood is bleeding from the wound and from mucous surfaces. This is not a blood-colored exudation but a genuine hæmorrhage. The explanation of the phenomenon is not evident. It may be partly dependent on increased blood-pressure in certain vessels caused by the obstruction of neighboring channels by coagula. Worm Müller, however,[1] is inclined to attribute it to a weakening or solvent action of the foreign blood on the walls of the blood-vessels.

As a circumstance contributing to a fatal result in many cases of transfusion of foreign blood should be mentioned the interference with the renal functions caused by infarction of the blood-vessels, and the obstruction of the tubules by a blood-stained granular mass, as has been described by several observers. It is possible that the convulsions observed by Jakowicki[2] may have been due to uræmia caused in this way.

It will next be of interest to consider what becomes of the blood which is transfused into the vessels of an animal already containing a normal amount, the injected blood being from an animal of the same species. This question has been very carefully studied by Worm Müller.[3] He finds in the first place that, after increasing the blood-volume of a dog eighty-three per cent., about one half of the transfused blood disappears from the vessels within a few hours, and that within two to five days the blood-volume has returned to its normal amount. The different constituents of the blood do not, however, disappear with equal rapidity. If the blood of the animal is examined two or three days after the transfusion by the method of Malassez[4] the relative number of blood-globules is found to be greatly increased. At the same time there is found to be a considerable increase of urea in the urine. It seems evident, therefore, that of the extra blood thus injected into the vessels, the plasma is rapidly exuded and its albuminoid constituents decomposed, while the blood-globules are retained for a certain length of time unchanged. Exactly how long this increased "globular richness" can be maintained is not precisely determined, but it seems probable that it may last for several weeks.

INDICATIONS FOR TRANSFUSION.

Looking at the practical question of transfusion in the light of the above-described physiological investigations, Panum has recently[5] considered the conditions in which transfusion is indicated. Regarding the blood as a fluid tissue which does not contain at any one time a great

[1] Transfusion und Plethora, page 115.
[2] See above.
[3] Transfusion und Plethora.
[4] Boston Medical and Surgical Journal, xc. 87.
[5] Virchow's Archiv, lxiii. 1.

amount of nutritive material, but which serves as a medium for transporting nutritious substances from the intestines to the tissues, he maintains that transfusion is not to be undertaken with a view of nourishing the body. He points out that of the transfused blood the blood-globules are retained in the vessels for a considerable time, and therefore do not serve as nutritive material, while the albuminoid materials of the plasma, which are really decomposed, are present in too small amount to be of any importance. He shows, too, that the daily loss of weight observed in a starving dog is increased instead of diminished by transfusion, perhaps in consequence of an increased supply of oxygen introduced by the more numerous blood-globules. The statements made by various observers that starving dogs can be kept alive by transfusions he regards as erroneous, for dogs often live four weeks without food, and it has not been claimed that they can be kept alive by transfusions for any greater length of time. In this connection it is interesting to notice the results arrived at by Tschiriew (in an article to be published in the next volume of Ludwig's *Arbeiten*, who introduced equal amounts of defibrinated blood alternately into the stomach and into the blood-vessels of a dog, and determined the effect on the excretion of urea of each of these operations. He found that, while the giving of blood as food caused the excretion of a quantity of urea containing an amount of nitrogen almost precisely equal to that of the ingested blood, the transfusion of blood caused a comparatively very small increase in the urea excretion.

The fact that the blood-globules of the transfused blood are retained for a considerable time in the blood-vessels indicates, according to Panum, the only class of cases where transfusion can be of use, namely, those where there is a deficiency of these oxygen-carrying elements; for example, after exhausting hæmorrhages, in cases of anæmia, chlorosis, etc. Since the blood of animals (except perhaps that of apes), to say nothing of the danger attending its employment, is unable to meet the single rational indication for transfusion, namely, the deficiency of red blood-globules, its introduction into human blood-vessels should, according to Panum, be entirely abandoned.

These views of Panum are opposed by Hasse,[1] who maintains that an important use of the transfused blood is to supply to the glands which furnish the digestive fluids the materials which enable them to perform their functions. In a condition of chronic inanition the blood is unable to supply this material, and the digestive functions are therefore enfeebled or suspended. If, now, the glands can be once brought into action again, digestion will be resumed and the blood thus restored to its natural condition. This object can, according to Hasse, be accomplished by the transfusion of an amount of lamb's-blood too small to pro-

[1] Virchow's Archiv, lxiv. 243.

duce the dangers which have been described by Panum, Ponfick, and Landois. He recommends direct transfusions by means of a small canula, to avoid the introduction of too great an amount of blood at once.

Cases in which the watery constituents of the blood are deficient, as in cholera, seem to demand the transfusion not so much of blood as of any fluid which will float the blood-globules, and enable them to perform their functions. It has in fact been found by Netter [1] that transfusions of water are quite as beneficial as those of blood, salt solutions, etc.

As the result of all these investigations, it may be said that the transfusion of animal blood into the human circulation is attended by a certain degree of danger. Human blood, where procurable, should therefore be preferred. In regard to the question of direct or indirect transfusion, it should be borne in mind that one of the chief advantages claimed for the method of direct transfusion from vein to vein over that of injecting defibrinated blood by means of a syringe is that the blood thus transfused contains all its usual constituents. It is, however, the almost unanimous opinion of investigators of this subject that no difference in the effect, either for good or for evil, is to be found between defibrinated and undefibrinated blood. In view, therefore, of the possibility of the formation of coagula in the tubes used for direct transfusion, and the difficulty [2] of correctly estimating the amount transfused, the indirect method seems upon the whole preferable.

In this connection is to be mentioned a method proposed by Nicolas Duranty,[3] for transfusing undefibrinated blood by the indirect method. Taking advantage of the fact that cold delays coagulation, he catches the blood in a cold vessel and injects it by means of a cold syringe. In a series of experiments performed on animals he found that no disagreeable symptoms followed the injection of the cold blood. Worm Müller also [4] mentions the fact that exposure to a temperature of from 3° to 4° C. does not act injuriously upon the red blood-globules.

As bearing upon this question of the resistance of blood-globules to low temperatures, it is interesting to notice the observations of Horvath [5] on hibernating animals. The temperature measured in the rectum of a marmot sleeping in an atmosphere of 2° C. was found by this observer to be the same as that of the surrounding medium.

[1] Gazette des Hôpitaux, 1873, No. 139.

[2] This is reduced to a minimum by the apparatus of Aveling. See JOURNAL, xci. 31.

[3] Gazette hebdomadaire de Médecine et de Chirurgie, 1874, No. 9.

[4] Transfusion und Plethora, page 61.

[5] Centralblatt für die medicinischen Wissenschaften, 1872, page 706.

PROCEEDINGS OF THE OBSTETRICAL SOCIETY OF BOSTON.

CHARLES W. SWAN, M. D., SECRETARY.

NOVEMBER 13, 1875. The society met at the house of DR. INGALLS.

Vice-President SINCLAIR, and afterwards, Vice-President ABBOT, in the chair.

Puerperal Convulsions. — DR. LYMAN read the following interesting report by DR. S. K. TOWLE, of Haverhill, of three cases of puerperal convulsions treated by morphia: —

"CASE I. At three A. M., August 31st, I was called to Mrs. C., aged twenty-eight, for the first time professionally. I found her suffering most intensely from pain in the region of the stomach, with now and then complaints of darting pains in her head, arms, and back. I learned that she was eight months advanced in her fourth pregnancy, but nothing in the character of this attack caused her to suspect that she was about to be confined. I immediately gave her one third of a grain of morphia hypodermically, and had hardly withdrawn the needle when she went into a severe convulsion. On examination, I found the os dilated so as to admit the finger, and immediately commenced efforts at dilatation with the fingers of one hand, while firm pressure was made at intervals over the uterus with the other hand. This was continued until delivery was accomplished, and I do not think there was a single labor pain, of sufficient power to do any good, that was not excited by my manipulations. After the first convulsion I got some of her urine, and on examination found it heavily loaded with albumen. A second convulsion occurred an hour after the first, when I repeated my morphia injection, and also used chloroform so as to partially control her restlessness under my manipulations. After the first convulsion she was sufficiently conscious to answer simple questions. A third and a fourth convulsion came on at intervals of less than an hour, but at about half past six (A. M.) the child was born, and though apparently dying, it revived and still lives. After the birth of the child there was considerable bleeding, so that I had to firmly compress the womb for an hour, during which time there was only a partial return of the patient to consciousness. About two hours after delivery, a fifth convulsion came on; and, before I reached her (I had been called away), three fourths of an hour later, a sixth and very severe one occurred. Dr. Cogswell, of Bradford, now saw the patient with me, and we both concluded that her chances of living were almost gone; she was in a profound coma, with stertorous breathing, pulse of 130 to 150 and very feeble, and an ashy hue of the countenance apparently indicating immediate dissolution. Dr. Cogswell advised against more morphia, to rely upon stimulants if she could at any time swallow, and to use ether if needed. Shortly after Dr. Cogswell left, the patient became somewhat restless, and I feared another convulsion. It seemed to me that she could not survive many more, and that therefore I must at all hazards prevent, if possible, a return; so, with many doubts and fears, I gave her about half a grain of morphia hypodermically. This was at about half past ten, and she lay quiet until the middle of the afternoon, when she roused up enough to swallow.

"She had no more convulsions. She slowly but steadily gained, but has

no recollection of the first week of her illness. She says she remembers at my first visit seeing me prepare to give her an injection, but has no recollection that I gave it to her.

"On looking back over this case I am convinced that I used morphia too timidly at first. The fact that she had the first convulsion immediately after the first morphia injection undoubtedly influenced me somewhat (as well as the friends a great deal), although I knew there had not been time for the morphia to have its effect. If Mrs. C. had been well under the influence of morphia after delivery, I am confident there would have been no more convulsions, and thus the most dangerous part of the case would have been avoided.

"Case II. September 29, 1875, since I was called by my brother, Dr. M. C. Towle, to a case of convulsions in a woman of twenty, eight months advanced in her first pregnancy. At five P. M. she had the first convulsion, and an hour later a second; soon after this, my brother saw her and gave half a grain of morphia hypodermically. During the night she had six more convulsions and got two more injections, not quite as large. Meantime efforts were made at short intervals at dilatation and inducing pains, and at six A. M. forceps were used. The child gasped a few times only, and the mother is making a good recovery. Ether was used somewhat in this case to control uneasiness under manipulations. Urine was drawn before the forceps were introduced, and was found charged with albumen; there was also, as in the case of Mrs. C., much 'bloating,' which in both cases soon disappeared after delivery.

"I have recently been most agreeably disappointed in a third case in which I expected convulsions. Albuminuria existed for six weeks, the quantity of urine being very small. The swelling became so general and extreme that three weeks before delivery I made two punctures with a thumb lancet in both feet and both legs. Gallons — the patient says 'pailsful' — drained away, affording great relief to breathing. The labor was normal, and the mother and child did well, though the mother's convalescence was slow."

Dr. Buckingham remarked that ten years ago the use of opiates in puerperal convulsions was considered a matter of very doubtful propriety, if not positively objectionable; but, of late, opiates were more in use and in better esteem. During the past year he had had two or three cases in which, from the presence in the urine of albumen and casts, he had feared convulsions. The patients were all treated largely with morphia, never to the extent to which it was used by Dr. Towle, but with small doses by the mouth from the beginning of the treatment. They all escaped convulsions, and recovered. The children were all still-born.

A Case of Painful Micturition cured after a Successful Operation for Hæmorrhoids. — Dr. Ingalls read the following: —

"Mrs. C. is the mother of three children, the youngest of whom was born in March, 1875, and lived three months. For about six weeks before I saw her (July 15, 1875), the patient had had much pain at the times of micturition, which had been frequent and during from five to fifteen minutes after each time it was described as excruciating and always causing tears to flow. After she had suffered about two weeks, her physician in Brooklyn, where she lived, performed some kind of an operation by taking away or cutting off something

from her urethra; the pain of the operation did not amount to much; she walked from the physician's office after it; there was scarcely a drop of blood. The substance cut off was not shown to her; for two or three days after this she thinks she was better of her trouble, but it then returned worse, if possible, than before.

"The patient reported to me that since the birth of her last child she had been much constipated, that she had frequently used enemata and also laxative and sometimes cathartic drugs, that she was obliged to arise frequently in the night-time, that she had lost flesh and strength, and that she was ready to accept any treatment which would give promise of relief, for her condition was unendurable.

"Upon examination, I found absolutely no abnormal condition of the urethra or of the vulva; nor was there a cicatrix discernible; pressure over the tract of the urethra caused no pain; the position and condition of the uterus were normal. Examination of the anus disclosed three angry-looking external hæmorrhoids, which I proposed to treat by a surgical operation, and consent to this was gladly yielded. Desirous of being absolutely certain that the urethra was not the seat of disease, and also of ascertaining, if possible, what surgical operation had been done four weeks before, the urethra was dilated so that a finger was introduced throughout the tract; there was no evidence of disease or of cicatrization disclosed, and there was confirmation of this by Dr. C. D. Homans, who kindly assisted me. The patient was under ether. The hæmorrhoids were cut off with scissors, and the wounds treated with fuming nitric acid. This was done on the 19th of July, and on the 24th the patient left her bed; on the 27th she was dressed and up all day, and on the 3d of August the wounds were almost entirely healed. After three days she experienced no pain, trouble, or difficulty in micturition.

"Hewitt says, 'Frequent painful micturition may be propagated from the rectum as when hæmorrhoids are present. Cases in which hæmorrhoids have to do with disturbance of the function of the bladder not seldom remain for some time obscure.'"

Cases of Twins. — Dr. Swan read the cases:—

"Mrs. S., aged thirty-four, married eight years, miscarried seven years ago. Four years ago she was delivered of twins, male and female, still-born. The first presented, on the first examination, the anterior superior spinous process of the right ilium, the right hypochondrium and intervening integuments, and the left foot. The position was essentially posterior dorsal. The foot was drawn down and used for occasional traction; the breech rotated to the left, and was made anterior; a loop of cord was drawn down, firm pressure was produced over the pubes, the arms were swept down over the face, and an effort made to retain the chin upon the breast by inserting the left forefinger in the child's mouth. The head, however, did not follow the trunk, and was delivered with the forceps as soon as possible, but the delay was sufficient to destroy the life of the child, notwithstanding prolonged efforts at resuscitation. The second child presented a knee, as felt through the unruptured membranes, and was delivered dead, twenty-four hours later, in a manner, as I was told by the regular attendant, similar to that of the first. The placentæ were two, connected by

membrane only, and having each a cord centrally attached. Severe hæmorrhage followed the delivery.

"About four years later, namely, in October, 1875, I attended the patient in her third labor, the second at full term. Two living children, males, were born within half an hour of each other, and by the natural efforts. The presentation of the first was right fronto-parietal, as attested by the caput succedaneum, which was oval, its long axis parallel to the sagittal suture; the vertex was posterior when the head was delivered. The second child was born in the first or second vertical position. The two placentæ were perfectly coalescent, and, except slight depressions in the margin on the line of union, formed together one large circular disk. There were two distinct membranous cavities. The partition membrane was double, and the two layers, though coherent, could be separated without violence to either. A cord sprang from the centre of each half of the placenta. The aggregate weight of the children was between sixteen and seventeen pounds.

"Before the present labor, in view of the patient's history and her very prominent, almost pendulous abdomen, careful attempts were made to decide by auscultation the question of twin pregnancy. But one fœtal heart could be found. This was beating at the right of the umbilicus, at the rate of 152 per minute.

"The following are the facts, pertinent and otherwise, in the family history of both parents: The patient's maternal uncle was father of thirteen children two of whom were twins. Another uncle on the mother's side was likewise father of thirteen children, two of which were twins. One of these uncles had a daughter who had four children, two of which were twins. The same uncle had a son who was father of triplets. A third maternal uncle had a daughter who was mother of seven children, the last two of which were twins. A maternal aunt had nine children, two of which were twins. Another maternal aunt had a daughter who miscarried with twins three or four times. She was the mother of nineteen children in all, including miscarriages, but never had twins at full term. The patient's mother's aunts had twins among them, the number and distribution not known. The patient's mother's grandfather was one of twins, and he had been heard to speak of twins even remotely antecedent.

"On the side of the patient's husband the facts ascertained are as follows: The maternal grandmother was one of twins, had two pairs of living twins, and miscarried twins once at six months. A paternal uncle was father of twins.

"The mother was one of twins, and gave birth to twins once. The patient and her husband were born singly.

"Taking these two persons as the centre, a circle of relationship which includes grandparents, aunts, uncles, and cousins gives the production of twins fifteen times and of triplets once."

Puerperal Convulsions. — Dr. Sinclair reported the case. In October he had been called to a young woman in convulsions, in the seventh month of the first pregnancy. Her face and lower extremities had been swollen for two or three months, and especially during the three or four weeks immediately before her confinement. For three or four days before the visit there had been a good deal of headache. There had been no diminution or increase of the

urine, and the bowels were regular. On the day of the convulsions the patient grew gradually blind, and was totally so before the first convulsion. When he arrived she had recovered from the second attack. Her face was swollen, her tongue bitten, and her speech thick. Another severe convulsion, as severe as any he had ever seen, and, later on, another, still more severe, occurred. With the assistance of Dr. Doe the patient was etherized, and the os, which was undilated, was opened by manual dilatation. The whole process of delivery occupied about an hour and a half. There was no effort on the part of the womb. The vaginal entrance was small, and the neck of the uterus, a small portion of which was torn in the delivery, was exceedingly dense and hard. The child lived about half an hour. There were no more convulsions, although the pulse continued very rapid, and the abdomen was exceedingly swollen and of brawny hardness, and for several days after delivery was exceedingly tender. The albumen, which at first constituted about two thirds of the urine, gradually diminished, and in ten days had entirely disappeared, and the patient did well.

Acute Albuminuria following Delivery. — Dr. Richardson reported the following case. October 18th, he was called to see a married woman, twenty-eight years of age, who was about to be confined with her second child. He saw her for the first time about eleven o'clock in the evening, the pains having begun two hours before. After a perfectly normal labor a male child (seven and a quarter pounds) was born about two o'clock, the whole labor not exceeding five hours. The patient rested well during the following day, and everything promised a perfectly normal convalescence. On the morning of the 20th, however, a slight œdema of the face was noticed, and the patient complained of some headache. The pulse was 100, the temperature 99.6°. At four P. M. the headache had increased, the pulse had risen to 120 and the temperature to 101°. The nurse reported that the patient had not passed any urine for over eighteen hours. Accordingly about ten ounces of urine were drawn with the catheter. An examination showed a small amount of albumen and a few granular and epithelial casts. Bromide of potassium (thirty grains) was ordered, with directions to repeat the dose in three hours. Ether was only obtained for use in case convulsions should occur.

October 21st, 7½ A. M. The pulse was 140, the temperature 105°. The headache was very severe; there was marked irritability of temper, and restlessness. The nurse reported that the patient had slept none since midnight. The skin was hot and dry. Three ounces of urine were drawn, and a subsequent examination showed a very large amount of albumen and numerous casts. The bromide of potassium was omitted, and sulphate of morphia (one sixth of a grain) was ordered to be taken every two hours. At twelve o'clock the pulse was 144, the temperature 105.2°. An ounce and a half of urine was drawn; it was of the same character as at the last report. The headache still continued, but the patient was not so restless. The morphia was ordered every three hours. At six o'clock the pulse was 120, the temperature 102°; the skin was decidedly moist; the headache was somewhat relieved; the patient's general appearance was more quiet. Eight ounces of urine were drawn by the catheter. A subsequent examination showed a less amount of albumen

and possibly fewer casts. At ten o'clock the patient reported herself free from headache. The skin was very moist. The pulse was 100, the temperature was 101°. Ten ounces of urine were drawn, which contained decidedly less albumen, and a very few casts could be detected by the microscope. The nurse reported that the patient had dozed some since the last visit; the morphia was omitted.

October 22d. The patient had slept considerably during the night, and was in every way decidedly better. The pul-e was 80, the temperature 99°. She had passed her water about midnight. Eight ounces of urine were drawn by the catheter, and only a slight trace of albumen could be detected, and no casts were found. At four o'clock the patient seemed perfectly herself again. Six ounces of urine were drawn by the catheter, but no albumen could be detected. From that time the history of the case presented nothing unusual. The patient sat up on the fifteenth day. No deviations in the milk or lochia were noticed during the progress of the case, except a slight fœtor of the latter, for which carbolic-acid injections were ordered.

Unavoidable Hæmorrhage. — Dr. Buckingham gave some points in a case not yet finished, that of a young woman nearly eight months pregnant with her first child. He was first called to her at the end of the third month, on account of severe uterine hæmorrhage. The patient was very anxious to have a child, but it was supposed that she had miscarried. The hæmorrhage was excessive for twenty-four hours, and then passed off gradually, whereupon Dr. Buckingham changed his opinion as to miscarriage. This morning (November 13, 1875) he was sent for in haste. On getting out of bed the patient had found the sheets bloody, and a large coagulum was discharged at the time of micturition. There was no pain. The motions of the child were very active. The umbilicus was flattened out The pregnancy should terminate, according to calculation, on the 28th of December (forty-five days hence). No vaginal examination was made for fear of causing disturbance; the patient was not flowing at the time of the visit, nor was she weak. The pulse was good, and so was the appetite. The head of the child was to be distinctly made out through the abdominal wall above the pubes, and the curve of the back was towards the left side of the abdomen. The fœtal heart was heard near the umbilicus. The placental bruit was heard very distinctly on the left side at the level of the anterior superior spine of the ilium, and thence downwards towards the groin and close to Poupart's ligament, where it was loudest. The sound diminished towards the median line, within an inch of the line was not heard at all, and was again heard upon the right side of the abdomen, perhaps a little lower than on the left side, and not so distinctly, but still very marked. Perhaps, Dr. Buckingham remarked, the case may yet show something of interest in regard to the seat of the placenta.

Dr. Fifield said that the placental souffle is not peculiar to pregnancy, as a similar sound is also heard with large fibroid tumors, and makes a point of distinction between these and ovarian sacs.

Dr. Buckingham, speaking of the uncertainty of the fœtal heart-sound, mentioned the ca-e of a woman in the lying-in hospital, who was examined by two students in reference to this symptom. They differed, one asserting that

he heard the heart beating on the left side of the abdomen at the rate of 140, while the other could hear it only upon the right side, where it beat at the rate of 150. Dr. Buckingham, having been called to settle the question, failed to hear the heart in any locality. The next day the woman was delivered of twins.

THE AMERICAN SOCIAL SCIENCE ASSOCIATION.

THE meeting of the American Social Science Association held January 12th, in this city, was simply the annual meeting for the election of officers. But in accordance with the expansive policy favored by the energetic secretary, Mr. Frank B. Sanborn, the general public was invited to listen to the reading of a number of papers upon subjects of general interest, after the close of the business session.

One of the most interesting of these papers was that by Gamaliel Bradford, upon The Fourty-Fourth Congress, explaining some objections to the present way of conducting its business, and proposing, as a remedy, that the Cabinet officers should have seats in the House, with the right to participate in debates on matters relating to the business of their departments.

Dr. E. C. Wines presented a communication upon the proposed International Prison Congress in Stockholm in 1877, and a very able report on Homes for Working People in Cities was presented by Mr. Sanborn.

The Health Department reported its own doings for the past year, and the department secretary, Dr. D. F. Lincoln, gave a paper upon School Hygiene, synoptical in its nature, and embodying recommendations relating to the following points: —

(1.) Teachers and scholars to be obliged to practice gymnastics at school, except when excused for special reasons.

(2.) Instruction in the rules of hygiene, rather than in the science of physiology.

(3.) Regulations to prevent the spread of contagious disease in schools.

(4.) Placing the supervision of schools under the charge of special sanitary officers.

The above measures were not discussed at length, but were offered rather in the form of suggestions. It is to be hoped that the public interest in this kind of reform will not flag, until the present evils of bad air, poor light, and (in many cases) improper arrangements for drainage and privies are remedied. The paper of Dr. Lincoln contained few facts which are not known to the instructed; but the trouble of the times is that the public — even the mass of intelligent medical men — is not instructed in reference to ordinary sanitary matters. A vast reform is to be effected, beginning, let us hope, with the more thorough education of physicians in sanitary science. It is certain that the interests of the commonwealth require it.

The officers of the association for the ensuing year are as follows: —

President, Hon. David A. Wells; Vice Presidents, C. W. Eliot, Theo. C. Woolsey, D. C. Gilman, and nine others; Secretary, F. B. Sanborn; Treasurer, Gamaliel Bradford.

Of the Department of Health: Chairman, Dr. E. Wigglesworth; Secretary, Dr. D. F. Lincoln.

THE TRIAL OF HENRY WAINWRIGHT.

THE trial of Henry Wainwright for the murder of Harriet Lane has already been alluded to in our columns in connection with the examination of the uterus of the murdered woman. The intense interest which this trial excited throughout England accounts for the extended comments which the case has received at the hands of our English exchanges, from one of which, the *British Medical Journal*, we extract the following facts in the history of the murder: "Henry Wainwright, a married man with a wife and five children, had formed a secret connection with the deceased Harriet Lane, and had had by her two children. He paid for their support, but with difficulty, as he was in embarrassed circumstances. In the autumn of 1874 this led to quarrels between the prisoner and the deceased. He became indifferent to her, and she fell into great distress. She was moved by the prisoner from one lodging to another, passing under a false name as the wife of the prisoner, who had also assumed another name. By an arrangement with the prisoner she left her lodging on September 11, 1874. He had provided her with means to discharge all her debts, and she was then in good health and spirits. From that date she was never afterwards seen alive. Application was made to the prisoner by her friends for information respecting her, but his answers were not satisfactory. By his statements, and by the use of false letters and telegrams, he led the friends to believe that the woman had gone away with another man whom he named. This also was proved to be a falsehood, and the matter dropped, until September 11, 1875, exactly a year after the disappearance of the diseased.

"At this date the prisoner was found removing from a grave on premises in the Whitechapel Road, of which he had the key, the remains of a body, which proved to be the body of a woman, and was alleged to be that of the missing Harriet Lane. It was further alleged that when she left her lodging on September 11, 1874, she went in a cab to the premises in the Whitechapel Road where this body was found. She took leave of her friend and her children, and made a statement which, owing to the strict rules of evidence, was not admitted at the trial. It has now transpired that she went directly by an appointment with the prisoner to these premises, and was never again seen alive. Other facts led to the conclusion that the prisoner had met her there, murdered her, and buried her body in a grave dug beneath the floor of one of the rooms.

"In September, 1875, these premises were likely to pass into the hands of others. This would have led to a discovery of the remains, and it rendered their removal a necessity. It was in thus transferring them to another hiding-place in Southwark, belonging to his brother, that he was found in possession of parts of a mangled human body for which he could not reasonably account, and concerning which he made what was proved to be a false statement.

"The body had been recently cut up, and when taken possession of by the police, the pieces were packed in two parcels of American cloth, and corded. It was proved that, on September 10, 1875, the prisoner had employed his

brother to purchase for him a spade and a small chopper or ax. These articles were found on the premises, and had evidently been recently used. The chopper had upon it putrescent animal matter, and the spade clay mixed with lime. On the same day, Wainwright himself had purchased three yards of American cloth and a quantity of cord similar to that used in tying up the remains.

"The woman was found with two bullets in her brain, and a third in a hair pad at the back of the head. Besides that, there was a cut extending from the centre of the throat to the angle of the lower jaw, which had severed all the tissues, and which must have been inflicted with very considerable force."

The remains were discovered after many months, dried and partially decayed, with a certain amount of adipocere. The body had been buried with chloride of lime. As there has been much said and written of the means by which the body was identified, it may be interesting to our readers to know that there was no great mystery or science about this identification, if we may judge from the long account given in *The Lancet*. From a mass of evidence bearing upon eight points, namely, height, age, general shape, teeth, hair, feet and fingers, uterus, and scar, we learn that there was a peculiar scar and depression over the fibula, below the knee, which was readily recognized; that the hair was auburn, curled, tied with a piece of velvet, and having a peculiar pad, which was found and recognized. There was also a prominence of the two front teeth and a decayed tooth, all of which were identified. The rest of the evidence was simply not incompatible, or, at the most, generally corroborative. There was, of course, other evidence relating to clothing, etc., to which we do not allude because it is not medical.

There is one feature of peculiar interest in this tragedy which we commend to the notice of our legal friends, namely, the closing scene. The detailed accounts of the trial had scarcely time to follow to these shores the telegrams announcing the conviction of Wainwright, before the criminal had suffered the penalty of his crime. There was no such delay as has been granted to two criminals in recent trials in this neighborhood, in both of which cases an interval of twelve months is to elapse between the sentence and the execution. Henry Wainwright was hanged three weeks after receiving his sentence.

MEDICAL NOTES.

—In his annual summary of the mortality of Providence, R. I., Dr. E. M. Snow states that there were 1915 deaths in that city during the year 1875, or 72 less than in 1874.

The population of the city, by the state census of June 1, 1875, was 100,675. The number of deaths to population last year was therefore one in 52.57, or 19.02 in each 1000. The result is in the highest degree satisfactory, and places Providence in the front rank of cities in this country in respect to its rate of mortality. Of course it will not bear comparison with those cities where a report of mortality known to be largely deficient is compared with a population very greatly overestimated. In the city of Boston, in 1875,

there were 8953 deaths in a population of 342,000, or one death in 38.2, or 26.17 in each 1000. In that city the returns of deaths are supposed to be complete, and the population is not overestimated.

— We have received the fiftieth annual report of the Massachusetts Charitable Eye and Ear Infirmary. We believe the only change in the staff of this institution has been the appointment of Dr. G. Stedman as superintendent in place of Dr. A. N. Blodgett, resigned.

— Dr. J. N. La Barte died on January 9th at Erie, Pennsylvania, from dislocation of the neck occasioned by a fall. He was born at or near Drogheda, an ancient historic town on the east coast of Ireland, north of the city of Dublin. Of good family, his father was a gentleman of property, and gave to several of his sons the advantages of an education at the Royal University at Dublin. After taking his degree at Trinity College, the doctor pursued an exhaustive course in medicine and surgery, and for a time practiced his profession in his native land. Meantime he married the daughter of the commissary of customs of Dublin. Shortly after, he came to this country, and after a long struggle with poverty, his wife with the children returned to her friends in England, and not long after he entered the army, where he won an enviable distinction as surgeon. When the war was over he returned to his former home in this country and resumed the practice of medicine. Circumstances finally brought him to Erie, where in connection with the drug business of the Messrs. Nick and their successor, Mr. Smith, he has for some years found congenial work, coupled with a kind appreciation and sympathy. Meantime his children had come to him from abroad, and only four days before his death he attended the wedding of his eldest daughter, a young lady of more than ordinary force of character and accomplishment. He will be missed by a large circle of friends.

— We are somewhat amused at the manner in which our English exchanges are scandalized from time to time on the discovery that some American adventurer wearing the title of "doctor" has trespassed upon English domain. The latest of these gentlemen purports to come from Boston, and to be the agent of a medical reform association. We presume it must be the rarity of these occurrences which renders them more startling to our English cousins, and that they can hardly be aware of the extent to which the English diploma is claimed as a shield to all sorts of quackish practices in this country. Large incomes are made by men said to have been the pupils of well-known London physicians and to be armed with London diplomas. There is a notorious instance of this kind to be found in our own city, where the individual has preyed upon the pockets of many unfortunate people afflicted with cancer. We presume New York is a favorite hunting-ground for numerous adventurers of this class. Unfortunately, we are powerless to prevent these practices. We confess to being somewhat envious at the facility with which the practices of our would-be colleague were nipped in the bud.

— The *Louisville Medical News* is a new weekly journal established in Louisville. The editors are Drs. R. O. Cowling and William H. Galt. It is, of course, a rival to the *American Medical Weekly*, published in the same city, and appears to have been started in the interests of the University of Louis-

ville. The two numbers which have appeared contain pungent editorials on medical education. — The seventh annual report of the Children's Hospital reminds its friends of the continued existence and vigor of an exceedingly useful charity. At the opening of the last year a department for out-patients was established, and during the summer a convalescent home was kept open for the use of the patients; this home is in Wellesley, about fourteen miles from the city; thirty-nine children received here the benefit of the country air. This seems to us a very valuable addition to the resources of the hospital. The managers make an earnest appeal for funds to continue this charity upon its present footing. It well deserves the support of the community. — Dr. H. Lenox Hodge's Note-Book for Cases of Ovarian Tumors and other Abdominal Enlargements has been received from Messrs. Lindsay and Blakiston. It is modeled on a note-book prepared by Spencer Wells, and modified by suggestions made by Drs. Atlee and Peaslee. It is simple in its arrangement, has several useful diagrams, and admits of full and systematic note-taking.

— The Transactions of the Michigan State Medical Society for the year 1875 has recently appeared. We notice in the business of the annual meeting a resolution condemning the action of the state university in admitting homœopathic professors and students to the university; the resolution was offered by Dr. Topping, but was laid upon the table without discussion. Another resolution was offered requesting the regents of the university to make, as soon as practicable, a full three years' course of graded study in the medical department. Dr. Dunster, in response to the resolution, stated that a preliminary examination was already one of the features of the present course, and that the day was not far distant when a course similar to that adopted by Harvard would be inaugurated. The resolution was adopted. A committee appointed by the society to obtain by act of the legislature a law to secure a better medical culture of the average physician, reported that they had conferred, according to instructions, with several homœopaths and eclectics, and had framed a bill which had failed to pass the legislature. The object of this bill was practically to oblige every practitioner in the State to pass an examination, held by a state board, on all medical topics except those on which the so-called schools of medicine differ. Several papers of considerable merit are included in the report of the society.

— In a clinical lecture on the physical examination of the urethra in cases of stricture, published in *The Lancet* of December 11, 1875, Sir Henry Thompson protests against the severe operative treatment in cases of slight stricture which is resorted to by many practitioners at the present time. He finds, he says, a tendency at the present day to employ instruments too readily, and instruments also which are liable to injure the urethra. This over-readiness to interfere with the urethra existed at the beginning of the present century, when the practice of applying dilatation, cutting, or caustic to the urethra was in the ascendant. Following this period came the experience of mischief as its result, and a healthy reaction appears to have taken place. The practice of Sir Benjamin Brodie, a high authority, was marked by caution and prudence, and his admirable teaching insured a similar practice among others for some

time. But of late there has been a growing disposition to return to the state of things of the earlier period. There is an increased tendency to discover stricture, and especially to undertake a considerable amount of operative treatment for strictures of the slightest kind, and sometimes where, in the opinion of the lecturer, they do not exist. There seems now to be a school which has determined for itself a very high standard of potency in what we hear called the "urethral tube," and which is accordingly said to have, or, if it has not, that it ought to have, a calibre of so many parts, and very large parts, of an inch, or millimetres. Instruments of astounding magnitude are produced, and if one of them cannot be drawn, with an ease which contents the operator, through the whole of the urethra, the unlucky patient is pronounced to be the subject of stricture, and probably he is subjected to an operation by no means devoid of risk. The urethra in its normal state is not a passage of uniform diameter throughout, and its natural capability for dilatation varies greatly at different points. Its structures are extremely delicate, and it has a strong tendency to arouse in the entire nervous system a state of excitement, evidenced by the striking phenomena of rigors and subsequent fever and prostration, when slight mechanical injury has been done to any portion of it. When, therefore, we are consulted by a patient for certain troubles for which it is important to know whether urethral obstruction be a cause or not, we should not adopt the unnecessary course of introducing very large instruments, but should take a flexible bougie, well curved toward the point, with a blunt end, not larger as a rule than No. 10 or 11 of the English scale, and pass it very gently and slowly into the bladder. If it goes easily, above all if it is withdrawn without being held, and slides out with perfect facility, the patient has no stricture, and, as far as obstruction is concerned, needs no use of instruments.

CHARITY HOSPITAL AT BERLIN.

MEDICAL CLINIC.

BY T. M. ROTCH, M. D.

Two Cases of Anæmia Perniciosa. — Case I. November 14, 1875, the patient, a man fifty years of age, entered the hospital; he knew nothing of his family history excepting that his parents died of typhoid fever. Previously to his present illness he had felt strong and had been able to do a hard day's work, that of a street-laborer. He had had comfortable lodgings and good food. According to his own statement, he contracted a chancre in 1860, but this was followed by no observable symptoms. In 1870 he had an attack of pneumonia of the left lung, from which he recovered completely, but has since then had an ulcer of the left leg, which has lasted up to the present time, without, however, particularly inconveniencing him. For the last three or four months he has noticed a decided failure in his strength, with loss of appetite; at the time of his entrance, he complained of pain extending from the back part of the head on the left side around to and across the forehead; pain also in the left eye. He had no appetite; his bowels were rather constipated.

He was a man of fair muscular development, but there was great pallor of the lips, small points of hæmorrhage appeared in the skin of the chest and in that of the back of the left hand, and there was the same appearance in the mucous membrane of the gums.

On physical examination nothing abnormal was found in the heart or lungs; there was no enlargement of the spleen or glands; nothing abnormal was detected in the abdomen; small points of hæmorrhage were observed on the retina of left eye. Temperature 38° Celsus; it has been a little higher. Pulse weak, not increased in frequency, urine normal; specific gravity 1016. The blood, microscopically examined, showed a high grade of anæmia. Professor Traube diagnosticated anæmia perniciosa, whose ætiology was septic poisoning originating from the ulcus cruris. The prognosis was very unfavorable. The treatment consisted of iron with stimulants, etc.

December 4th. The patient gradually grew weaker, and died this morning.

Autopsy by Professor Virchow. Heart almost normal, showing only a very slight fatty degeneration of the papillary muscles and a few hæmorrhagic points in the endocardium. There was sclerosis (beginning atheroma) of the aorta. Hæmorrhagic points appeared in the pleura and diaphragm. The lungs, spleen, liver, stomach, and right kidney were normal; the left kidney was normal excepting in one pyramid, which showed diphtheritic changes. There was very extensive diphtheritis of the ileum and large intestine. Hæmorrhages were found in the dura mater and pia mater, and in the periphery of the cerebellum, on the left side, in the gray substance; some hæmorrhagic points were also observed in the neighboring white substance, which showed yellow œdema. The other parts of the brain were normal. The blood microscopically showed great hydræmia.

Professor Virchow made the anatomical diagnosis of anæmia perniciosa and diphtheritis of the intestine and kidney. He said in regard to the ætiology, "The disease probably has nothing to do with the ulcus cruris; nothing as yet has been proved in regard to its origin; I am inclined to believe that it is malarial."

The interesting points of this case were, first, that the heart was not decidedly fatty, which is usually the case in anæmia perniciosa; second, the existence of an extensive diphtheritis of the intestine, with no symptoms of the same during life. So that pathologically it was not a pure case of what is usually recognized as anæmia perniciosa, although clinically it presented the symptoms of that disease.

Case II. December 5, 1875. The patient was a man about forty years of age, previously healthy, but a great drinker. About three weeks ago, feeling ill and being constipated, the patient applied to a doctor for advice, and a cathartic was ordered, the nature of which is not known. The doctor did not return to observe the result of his treatment, and the patient, according to his own statement, continued to use the cathartic every day, which caused such an excessive irritation of the intestine that a profuse diarrhœa was the consequence, and the patient entered the hospital in a state of extreme prostration, and in fact moribund. Inspection showed extreme pallor of the lips, with hæmorrhages in the mucous membrane of the gums. The urine was normal.

An ulcus cruris was on the right leg. The clinical diagnosis by Professor Traube was anæmia perniciosa following and caused by a profuse and long continued diarrhœa.

The patient died in a few hours after entering the hospital.

Autopsy. Old fatty heart, with dilatation of right ventricle; extreme hyperæmia of the whole length of both small and large intestine; great hydræmia of the blood; nothing further discovered which was abnormal.

Professor Traube speaks of a case of anæmia perniciosa coming under his notice which appeared to have been caused by an interstitial nephritis. A case of this disease has lately been treated in Leipzig by transfusion of blood, but with no good results, the patient appearing to derive not the slightest benefit from it.

I regret very much that the history of the second case is so incomplete, but the patient died almost immediately after entering the hospital, and but very little was learned concerning him. The disease appears to be comparatively rare here in Germany, and the medical men to be rather in the dark concerning its origin and cause, Traube and Virchow having the most opposite views on the subject. The literature of the disease also, so far as I have been able to ascertain, is very unsatisfactory, although a pernicious form of anæmia has been spoken of during the last sixty years. Professor Immermann has written some short articles on its clinical history, and Ponfick has described its pathological anatomy.

LETTER FROM NEW YORK.

Messrs. Editors, — The problem of how *not* to manage a hospital is being rapidly worked out by that unfortunate body known as the board of trustees of the Presbyterian Hospital. They seem to have lost all sense of common justice and to flatter themselves that, because the board is composed of clergymen and retired merchants who have grown old in the offices of Wall Street or the counting-rooms of South Street, they are perfectly competent to manage a hospital. At the date of my last letter on this subject, the board of trustees had just appointed a committeee of five to confer with those members of the medical staff who had sent in their resignation, to see if some plan could be devised to satisfy both parties and reconcile the opposing views. After several conferences the committee agreed to report two plans, either of which would satisfy the four gentlemen; and at a meeting of the board of direction, held November 16th, they presented their report with the following recommendations: either that the four recently appointed members of the medical staff be informed of the embarrassment the trustees found themselves in, and be asked to resign, in order that those who were dropped at the annual election might be reappointed; or that the medical staff, which originally consisted of twelve, be increased to sixteen, and that the board reappoint the four who were dismissed, with the distinct understanding that, in case of any vacancy occurring, no new appointments should be made until the number of the attending staff be reduced to below twelve. Immediately after the report was read, a clerical member of the board arose and moved that the report be not accepted, and

proceeded to administer a rebuke to the committee because they had transcended their power, and had entered into a league with the doctors in a crusade against "a most worthy woman and a deserving charity." As the mention of the name of the "lady directoress," or even an allusion to her, had been kept out of the controversy, it seems rather strange that it should have been introduced by one of her friends. It is reported that some very plain remarks were made by the chairman of the committee to the reverend gentlemen, after which he took his hat and left the meeting, remarking that when he became a member of the board he had expected to meet gentlemen, but he had found that he was mistaken, and he informed the board that his resignation was in their hands. The other members of the committee present also resigned and left. Since then quite a number of members of the board have resigned, including many of those who were most useful. The resignations of the four physicians were then accepted. On the above facts being known, quite a number of the profession, on talking over the matter, thought that in justice to those gentlemen of the board of direction who had stood by the profession, and in order to bring more clearly before the public the feelings of physicians in regard to the relations existing between those connected with hospitals and the governing boards of such institutions, some general action should be taken. They therefore called a mass meeting of the profession of the city, which met at the Union League Club on the 30th of November, every physician in the city being invited. Between four and five hundred were present. Dr. T. M. Markoe was chosen president, and among the vice-presidents were Drs. John C. Dalton, James R. Wood, T. G. Thomas, H. B. Sands, and T. Addis Emmet. In his introductory remarks, Dr. Markoe stated that they had come together for the purpose of considering the relations between physicians and the outside world. It was for the defense of a certain principle that they had assembled, and they should not let personal grievances influence them. Dr. George A. Peters then read a statement of the facts in the case, while a committee consisting of Drs. Agnew, St. John Roosa, and Delafield was framing a set of resolutions of which the following is an abstract: That the medical profession in New York could not look with indifference upon such proceedings as those which have been witnessed with reference to the Presbyterian Hospital; that they believed that the four gentlemen dropped from the medical staff had not been treated with common justice; that no medical man should place himself in a position from which he may be dismissed without charges preferred or a hearing allowed; that the action of those members of the staff who resigned was approved; and that it was the sense of the meeting that similar occasions of disagreement between boards of directors of hospitals and their medical staff, as well as grave faults in the management or in the construction of hospitals, could be avoided only by an adequate representation of the medical profession in the membership of the boards of direction. These resolutions were unanimously carried Remarks were made by Drs. Thomas, Agnew, Thompson, and others. Dr. James R. Wood moved that this meeting become a permanent organization, and that when it adjourn it be subject to the call of the officers. This was also unanimously carried.

The tone of the meeting throughout was dignified, and it cannot be considered

otherwise than a perfect success. From the resolutions there can be no doubt as to the feeling of the profession in regard to the recent action of the board of trustees of the Presbyterian Hospital, and the relations at present existing between the two boards connected with most of our hospitals. It is useless to disguise the fact that, with a few exceptions, there is a great want of harmony between directors and physicians, and that common justice demands that those who do the work and give reputation to hospitals should have something to say about their construction and management.

An official statement appeared in the *Medical Record* of January 1st that the Presbyterian Hospital contained forty-five patients, that the board of managers had been under the necessity of opening two more wards (how many wards did they use before?), and that there were *eleven* candidates for the vacancies on the medical staff. This looks very well in print. On the 16th of November the resignations of four members of the staff were accepted; it seems very strange that these vacancies have not been filled, although there have been several meetings of the trustees. It is reported upon the best of authority that the managers of the hospital made a proposition to Bellevue Medical College, offering to place the institution under their control if they would supply the attending staff; but after due consideration the latter declined to have anything to do with it. Every few days we hear of some one who has been asked to accept a position as an attending physician to this unfortunate hospital. It is useless for the board of direction to disguise the fact that they find it almost impossible to obtain gentlemen fitted for the position who are willing to take the office under the present board, and thus place themselves in a false position.

The plan of management adopted at the Roosevelt Hospital is one that may well be copied by other institutions. The board of trustees is small, and the medical profession is represented on it, and from the beginning the views of physicians in respect to its construction and organization have been sought and followed. The hospital has the reputation of being the best constructed and best managed institution in the city.

There is now in the process of construction a hospital situated on West Fifteenth Street, which may be called a "trustee" hospital. The building is five stories high; its foundation on the east side is placed on rock, while on the west are quicksands and springs; it is placed directly on the street, and occupies the whole front of the lot; it is closed in on the east and west sides by houses, while on the north and rear is situated a house which partially shuts it in on that side; the sun is excluded from all sides, except on the south. It is true that no expense is being spared in its construction, and it remains to be seen whether brick, mortar, and machinery are all that is required to constitute a hospital on what are now considered sound principles, and whether location is an element worth considering.

Since writing the above the following gentlemen have been appointed on the staff of the Presbyterian Hospital: Drs. William Detmold, Jared Linsley, Charles K. Briddon, and L. A. Stimson. We have nothing to say on the subject, except that if these gentlemen are willing to place themselves in a position where they may be dismissed at the dictation of a subordinate officer, it is their

own matter, and if they are summarily "dropped" they will not receive much sympathy from the profession. One of these gentlemen was one of the vice-presidents of the mass meeting.

Dr. T. Addis Emmet has been appointed consulting physician to the Roosevelt Hospital, in the place of Dr. Alonzo Clark, who resigned on account of his being president of the College of Physicians and Surgeons, and so a member of the board of trustees of the Roosevelt Hospital.

NEW YORK, *January* 17, 1876.

COMPARATIVE MORTALITY-RATES FOR THE WEEK ENDING JAN. 15, 1876.

	Estimated Population.	Total Mortality for the Week.	Annual Death-Rate per 1000 during Week.
New York	1,060,000	508	25
Philadelphia	800,000	346	25
Brooklyn	500,000	256	26
Boston	342,000	171	26
Providence	100,700	25	13
Worcester	50,000	20	21
Lowell	50,000	20	21
Cambridge . . .	48,000	20	22
Fall River	45,000	18	21
Lawrence	35,000	8	12
Lynn	33,000		
Springfield	31,000	8	13
Salem	26,000	6	12

Normal Death-Rate, 17 per 1000.

SUFFOLK DISTRICT MEDICAL SOCIETY. — The regular meeting will be held at 36 Temple Place, on Saturday next, at 7.30 P. M. Papers will be read by Dr. A. F. Pattee, on The Therapeutic Properties of Zinc Phosphide; by Dr. G. H. Bixby, on a Remarkable Specimen of Uterine Fibro-Cyst; and by Dr. W. W. Morland, on a Difficult Case of Labor. Members of other district and state societies are cordially invited.

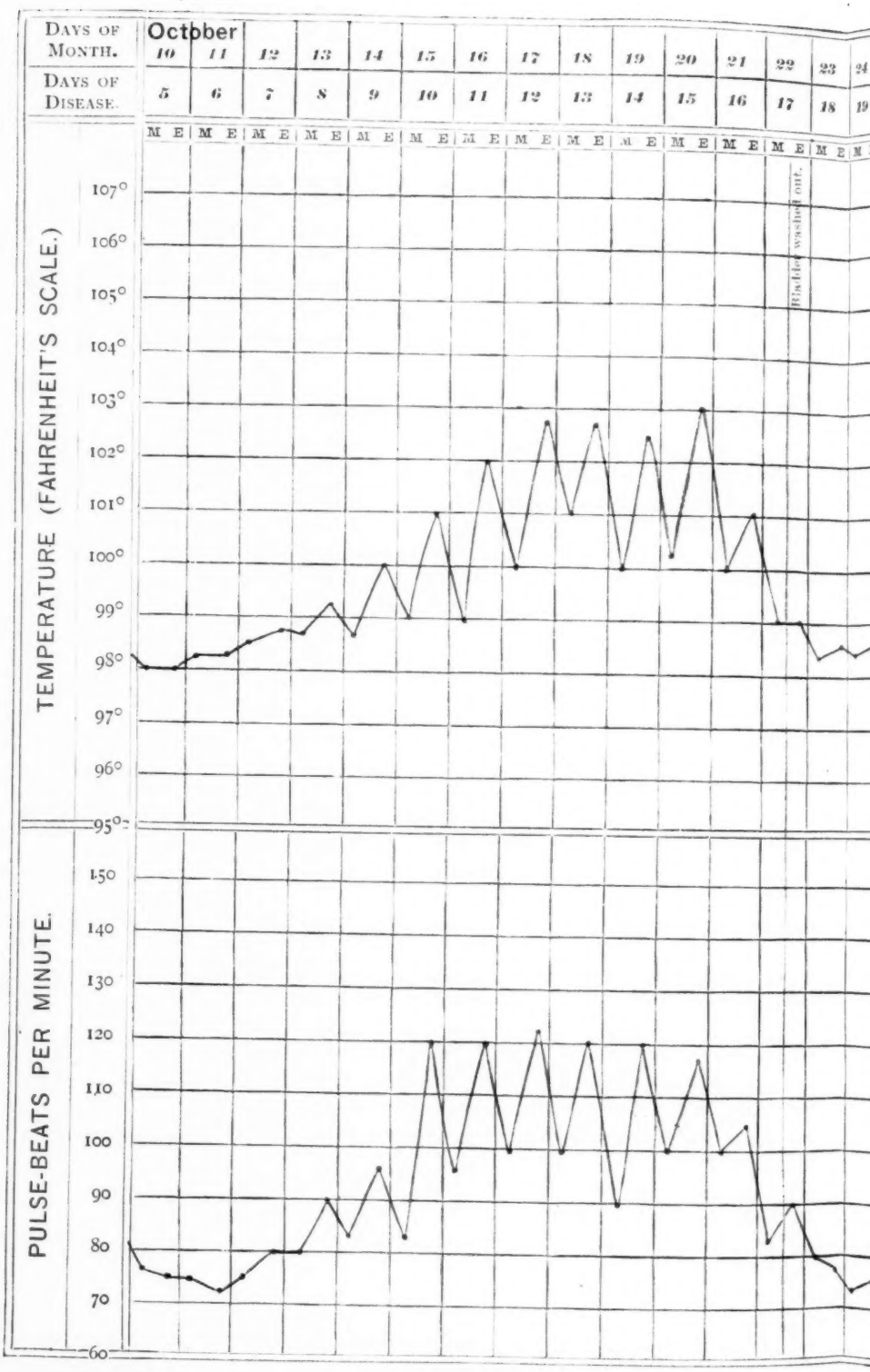
BOOKS AND PAMPHLETS RECEIVED. — The Nature of Light. With a General Account of Physical Optics. By Dr. Eugene Lommel, Professor of Physics in the University of Erlangen. New York: D. Appleton & Co. 1876. International Scientific Series. (For sale by A. Williams & Co.)

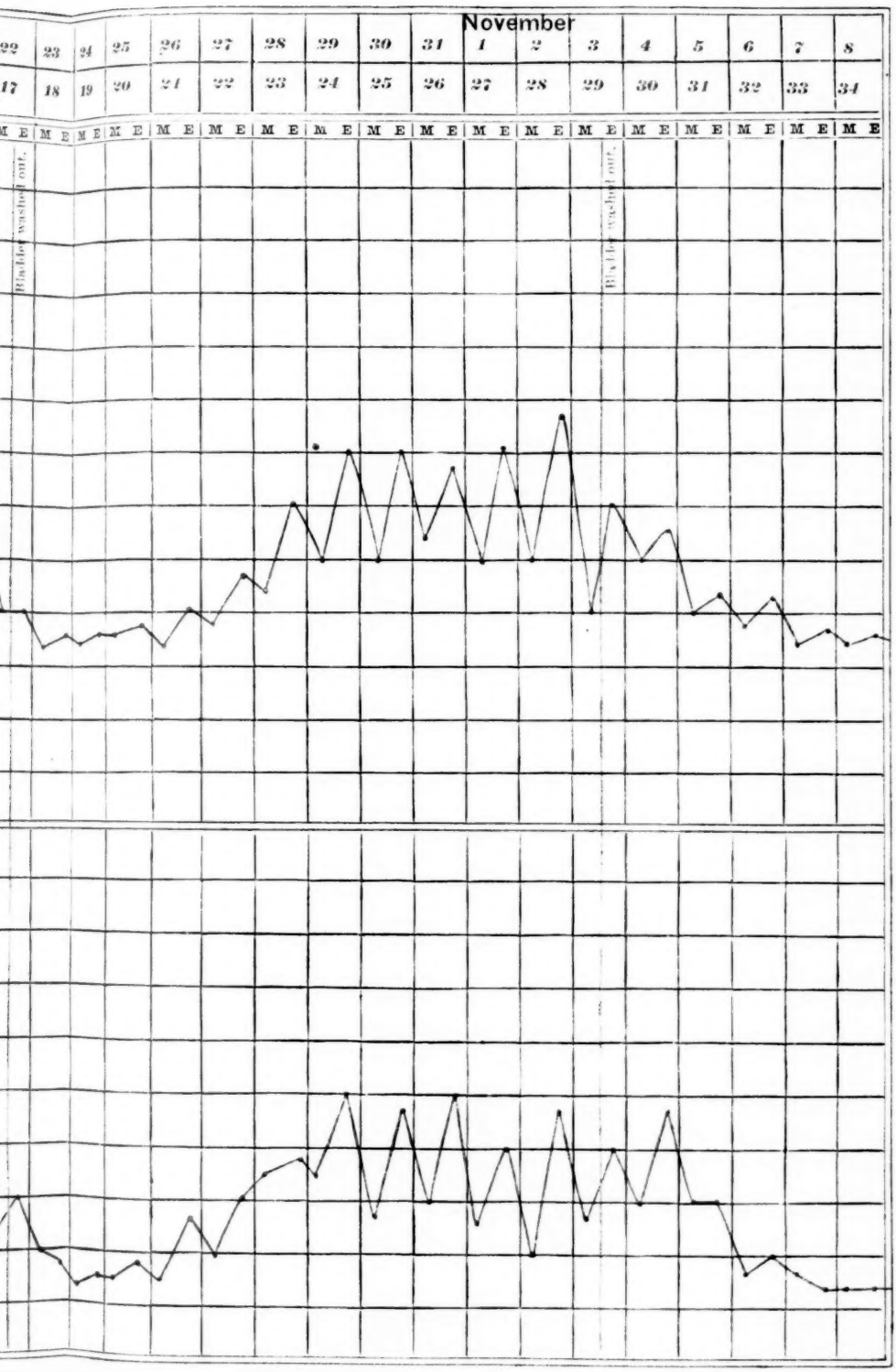
The Medical Jurisprudence of Insanity. By J. H. Balfour Browne, Esq. Second Edition. Philadelphia: Lindsay and Blakiston. 1876. (For sale by A. Williams & Co.)

Principles of Human Physiology. By William B. Carpenter, M. D. Edited by Henry Power, M. B. Lond. Eighth Edition. Philadelphia: Lindsay and Blakiston. 1876. (For sale by A. Williams & Co.)

Air and its Relations to Life. By Walter Noel Hartley, F. C. S. New York: D. Appleton & Co. 1875. (For sale by A. Williams & Co.)

Transactions of the Pathological Society of Philadelphia. Vol. V. Edited by James Tyson, M. D. Philadelphia: Printed for the Society by J. B. Lippincott & Co. 1876. (For sale by A. Williams & Co.)


Days of Month.
October
10 11 12 13 14 15 16 17 18 19 20 21 22 23 24
Days of Disease.
5 6 7 8 9 10 11 12 13 14 15 16 17 18 19
M E M E M E M E M E M E M E M E M E M E M E M E M E M E M E M E M E
Bladder washed out.
TEMPERATURE (FAHRENHEIT'S SCALE.)
107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97° 96° 95°
PULSE-BEATS PER MINUTE.
150 140 130 120 110 100 90 80 70 60

November

22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34
M E	M E	M E	M E	M E	M E	M E	M E	M E	M E	M E	M E	M E	M E	M E	M E	M E	M E